CERTIFICATE NUMBER _____

ISSUE DATE _____

KENTUCKY BOARD OF LICENSURE FOR NURSING HOME ADMINSTRATORS

COMMONWEALTH OF KENTUCKY
PO BOX 1360
FRANKFORT, KY 40602

ATTACH RECENT PHOTO HERE

PLEASE TYPE OR PRINT ALL INFORMATION

APPLICATION FOR LICENSURE

1._____ 2._____-_____-_____
NAME: *Last* *First* *Middle* *Social Security Number*
(as to appear on certificate)

3._____
HOME *Street* *City* *State* *Zip* *Telephone Number*

_____
4. BUSINESS ADDRESS *Street* *City* *State* *Zip* *Business Phone*

5. ARE YOU A U.S. CITIZEN? *Yes*___ *No*___ 6. SEX: *Male*___ *Female*___ 7. DATE OF BIRTH:_____

8. LIST OTHER STATES IN WHICH YOU HOLD A *NHA* LICENSE. _____

9. HAVE YOU EVER MADE APPLICATION FOR A *NHA* LICENSE IN KENTUCKY OR ANY OTHER STATE?

_____ *Yes* _____ *No* *If yes,* give explanation: _____

_____

10.. DO YOU HOLD A HEALTH PROFESSIONS LICENSE IN KY? _____*Yes* _____*No* OR ANY OTHER STATE? _____ *Yes* _____*No* *STATE(s)*_____

11. IF YES, HAS THAT LICENSE BEEN DISCIPLINED? _____*Yes* _____*No.* *If yes,* give explanation: _____

_____

12. HAS YOUR LICENSE IN KENTUCKY OR ANY OTHER STATE EVER BEEN SUSPENDED OR REVOKED?

_____*Yes* _____*No* *If yes*, give explanation_____

_____

13. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? _____*Yes* _____*No*
If yes, please provide, date, nature of offense, and official report stating result of offense

_____

_____

(Do NOT list traffic offenses that do not involve alcohol or drugs) (DO list any DUI convictions)

APPLICANTS AFFIDAVIT

I, THE APPLICANT NAMED IN THE ABOVE, DO HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AM AWARE THAT, SHOULD INVESTIGATION AT ANY TIME DISCLOSE ANY SUCH MISREPRESENTATION OR FALSIFICATION, MY APPLICATION COULD BE REJECTED OR MY LICENSE REVOKED BY THE KENTUCKY BOARD OF LICENSURE FOR NURSING HOME ADMINISTRATORS.

DATE_____ APPLICANT'S SIGNATURE_____
(Sign your name DO NOT PRINT)

DO NOT WRITE BELOW THIS LINE --- FOR BOARD AND OFFICE USE ONLY

BOARD REVIEW DATE _____ APPROVED _____ DENIED _____

COMMENTS_____

EDUCATION

SCHOOL	NAME AND LOCATION	DATES ATTENDED FROM	TO	DATE OF GRADUATION MONTH	YEAR	NUMBER OF HOURS OR CREDITS	DEGREES OBTAINED
Under-Graduate School							
Graduate School							

NOTE: The highest degree above must be documented by a CERTIFIED TRUE COPY of the official transcript and mailed directly to this office from the school. (P.O. BOX 1360, Frankfort, KY. 40601) A student copy will not be accepted.

IMPORTANT: Before the Board can review your application, the following supplements must be received:

Endorsement Form(if applicable).
*
Work Verification Form
*
Four letters of reference : two character references from business or professional persons and two references from current and past employers.
These letters are to be requested by you and must be sent directly to this office by the individual writing them.
*
Attach a check or money order payable to: the KENTUCKY STATE TREASURER in the amount of fifty ($50.00) which represents the nonrefundable application fee.
*
If your application is *approved*, you will be notified in writing and given examination information.
*
ALL APPLICANTS SHOULD BECOME FAMILIAR WITH THE STATE LAWS AND REGULATIONS GOVERNING LICENSURE IN THE ENCLOSED BOOKLET.

EMPLOYMENT HISTORY

Begin with your present or most recent job and list fully and accurately the details of each job you have held during the last three years. List all other administrative positions held in a health care field. Attach additional sheet if necessary. *The board also request an additional job description (resume) along with your application.*

****

Employed: From: Mo.______ Yr.______ To: Mo. ______Yr._____ **Describe Your Duties**

Title or Position: ____ ____

Name of Employer: ____ ____

Address of Employer: ____ ____

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Title or Position: ____ ____

Name of Employer: ____ ____

Address of Employer: ____ ____

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Title or Position: ____ ____

Name of Employer: ____ ____

Address of Employer: ____ ____

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IF YOUR APPLICATION IS APPROVED OR DENIED, YOU WILL BE NOTIFIED BY MAIL.

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